

ATTACHMENT A

Family Law Facilitator Survey Form

° Please answer all of the following questions to the best of your abilities.
 ° Your answers will be used to determine whether we are effectively serving the community.
 ° Keep in mind that all of your answers will remain confidential. They will be reported in summary form only and you will **never** be personally identified.
 ° Please use the No 2 pencil provided. Fill in the entire bubble and erase any errors completely. Just fill in this side of the form.
 ° Thank you for your cooperation!

(1) What language are you most comfortable speaking?

CHECK ONLY ONE:

- | | |
|------------------------------------|----------------------------------|
| <input type="radio"/> English | <input type="radio"/> Vietnamese |
| <input type="radio"/> Spanish | <input type="radio"/> Tagalog |
| <input type="radio"/> Portuguese | <input type="radio"/> Korean |
| <input type="radio"/> Armenian | <input type="radio"/> Cambodian |
| <input type="radio"/> Assyrian | <input type="radio"/> Hmong |
| <input type="radio"/> Mandarin | <input type="radio"/> Farsi |
| <input type="radio"/> Cantonese | <input type="radio"/> Sign |
| <input type="radio"/> Other: _____ | |
| <input type="radio"/> Don't Know | <input type="radio"/> Refused |

(2) Gender:

- | | |
|------------------------------|----------------------------------|
| <input type="radio"/> Male | <input type="radio"/> Don't Know |
| <input type="radio"/> Female | <input type="radio"/> Refused |

(3) HOW MANY CHILDREN UNDER 19 FROM THIS OR ANY OTHER RELATIONSHIP DO YOU HAVE?

- | | |
|---------------------------------|-------------------------------|
| <input type="radio"/> None | <input type="radio"/> Don't |
| <input type="radio"/> 1 | <input type="radio"/> Refused |
| <input type="radio"/> 2 | |
| <input type="radio"/> 3 | |
| <input type="radio"/> 4 or more | |

(4) What is your age group?

- | | |
|---|----------------------------------|
| <input type="radio"/> Under 18 | <input type="radio"/> Don't Know |
| <input type="radio"/> Between 18 and 29 | <input type="radio"/> Refused |
| <input type="radio"/> Between 30 and 39 | |
| <input type="radio"/> Between 40 and 49 | |
| <input type="radio"/> Between 50 and 59 | |
| <input type="radio"/> Over 60 | |

(5) WHAT IS YOUR RACE OR ETHNIC GROUP?

MARK ALL THAT APPLY

- | |
|--|
| <input type="radio"/> Asian/Pacific Islander |
| <input type="radio"/> Black/African American |
| <input type="radio"/> Hispanic |
| <input type="radio"/> Native American/ Eskimo/Aleut |
| <input type="radio"/> White (non-Hispanic) |
| <input type="radio"/> Other _____ |
| <input type="radio"/> Don't Know <input type="radio"/> Refused |

(6) What is your individual monthly income before taxes?

- ☐ \$0 - \$500
- ☐ \$501- \$1000
- ☐ \$1001- \$1500
- ☐ \$1501- \$2000
- ☐ \$2001- \$2500
- ☐ \$2501- \$3000
- ☐ \$3001 and over
- ☐ Don't Know ☐ Refused

(7) What are all of your sources of income? MARK ALL THAT APPLY

- ☐ No income -- Incarcerated
- ☐ No income -- Disabled
- ☐ No income -- Unemployed
- ☐ Receiving SSI, TANF, GA or other public assistance
- ☐ Employed
- ☐ Self-Employed
- ☐ Receiving Unemployment
- ☐ Retired
- ☐ On Disability/Worker's Comp
- ☐ Help from Family & Friends
- ☐ Receiving Child/Spousal Support
- ☐ Student
- ☐ Don't Know ☐ Refused

(8) WHAT IS THE HIGHEST LEVEL OF SCHOOLING THAT YOU HAVE COMPLETED?

- ☐ None
- ☐ Grade School (grades 1 – 4)
- ☐ Middle School (grades 5 – 8)
- ☐ Some High School (grades 9 - 12)
- ☐ Graduated High School or GED
- ☐ Vocational or Trade School
- ☐ Some College
- ☐ College Graduate
- ☐ Post-Graduate
- ☐ Don't Know ☐ Refused

(9) WHO REFERRED YOU?

MARK ALL THAT APPLY:

- ☐ Judge/Commissioner
- ☐ Court Staff
- ☐ Clerk's Office
- ☐ DA/ Local Child Support Agency
- ☐ Attorney
- ☐ Friend
- ☐ Family Court Services
- ☐ Other Facilitator
- ☐ Facilitator Pamphlets
- ☐ Child Protection Services
- ☐ Law Enforcement
- ☐ Other: _____
- ☐ Don't Know ☐ Refused

(10) You are here regarding: MARK ALL THAT APPLY:

- ☐ Child Support
- ☐ Determining Child Support / Arrears
- ☐ Getting Back Your License
- ☐ Spousal Support
- ☐ Child Custody
- ☐ Child Visitation
- ☐ Physical Violence/ Restraining Order
- ☐ Divorce
- ☐ Establishing Paternity
- ☐ Responding to Papers you were served
- ☐ Guardianship
- ☐ Don't Know ☐ Refused

(11) NOT INCLUDING TODAY, HOW MANY TIMES HAVE YOU VISITED A FACILITATOR?

- ☐ None
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4 or more
- ☐ Don't Know ☐ Refused

(12) IS THE LOCAL CHILD SUPPORT AGENCY OR DA INVOLVED IN YOUR CASE?

- ☐ Yes
- ☐ No
- ☐ Don't Know ☐ Refused

(13) WHAT IS YOUR ZIP CODE?

- ☐ Don't Know ☐ Refused

(14) WHERE DO YOU CURRENTLY RESIDE?

- ☐ In This County
- ☐ In Another County in CA
- ☐ In Other State
- ☐ In Other Country
- ☐ Don't Know ☐ Refused

*Once more
thank you for
taking the
time to fill out
this survey!*

(1) Case Types:

- FLA
- UPA
- DVPA
- GOVERNMENTAL / DCSS
- OTHER: _____

(2) Total Number of Cases Discussed with Facilitator:

- One
- Two
- Three
- Four
- Five
- Six or More

(3) Issue:

- Establish Paternity
- Child Support
- Spousal Support
- Wage Assignment
- Support Arrears
- Getting Back License
- Child Custody
- Child Visitation
- Time Share Log
- Divorce
- DV
- Foster Care/ Guardianships
- Adoption
- Set Asides - Paternity
- Set Asides - VDOP
- Set Asides - Child/Spousal Support
- Set Asides - Other
- Other: _____

(4) How many children are involved in this case?

- None
- One
- Two
- Three
- Four or more

(5) Is the Local Child Support Agency / DA involved with this case?

- Yes
- No

(6) Staff Category:

- Facilitator / Asst Facilitator
- Paralegal/ Legal Assistant
- Clerk
- Volunteer Attorney
- Intern / Volunteer
- Translator
- Other: _____

(7) Time Spent with the Customer:

- 0-15 min.
- 16-30 min.
- 31-60 min.
- 1-2 hours
- 2-3 hours
- 3-4 hours
- 4 + hours

(8) Type of Service Delivery:

- At the Courthouse
- At a Jail / Prison
- Education & Community Outreach
- Telephone
- Individual Drop-In
- Individual Appointment
- Workshop Drop-In
- Workshop Appointment
- Fax/ Mail/ Email

(9) Forms and Documents:

- Fee Waiver
- Petition/Complaint
- OSC / Motion: Initial CS Order
- OSC / Motion: Modification of CS
- OSC / Motion: Other Initial Order
- OSC / Motion: Other Modification
- Income & Expense Declaration
- Answer
- Responsive Papers
- Stip & Order
- OAH
- Wage Assignment / Enforcement
- Case Registry
- Ex Parte
- License Revocation Review
- Prepare Settlement Conference Stmt
- Judgment
- *Proof of Service*
- Other: _____

(10) Referrals to:

- Child Protective Services
- Family Court Services
- Local Child Support Agency / DA
- Abduction Unit
- Private Attorney
- Legal Aid
- Lawyer Referral
- DV Advocate
- Other FLF
- Other: _____

(11) Tasks Performed / Assistance Provided:

- Prepare CS Calculation
- Mediate Issues of Support
- Draft Stipulations
- Court File Review
- Prepare Order
- Special Master Services
- Assist Court with Research
- Provide Educational Materials
- Distribute Court Forms
- Assist in Completing Forms
- Referrals
- Conform & File
- Contact w/ LCSA / DA
- Contact w/ Other FLF
- Contact w/ Other Agencies
- Other Financial Mediation
- Other: _____

(12) As a result of your services, how many issues were resolved without a court hearing?

- All
- Some
- None

(13) Number of attendees at group Presentation:

— — —

(14) Mon Day Year

— — — —

(15) Site ID:

— — — — —